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Rev. 10/21/2002

TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
INSPECTION REPORT

Inspection Date

(Use this form for inspections only)

Compliance No. =>

Name and Address of Licensee		License No.: <b>L0</b> -	
		Expiration Date:	
		Inspection Region:	
		Category Code: <b>01 Medical (Other)</b>	
		Use Code:	
		Type of Use:	
Address of Inspection		Type of Inspection	
		R. S. O.	
		RSO Phone No.	
		Site Phone No.	
Inspection Notice to (Name, Title, Address)		Copy of Notice to (Name, Title, Address)	
"Inspection Findings" discussed with:			
Accompanying Inspector(s) <b>None</b>			
Inspector:		Reviewed by:	
Report Date :		Date Reviewed:	

Inspection Findings: **Items of Noncompliance**

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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
PROGRAM AND MANAGEMENT REVIEW

Licensee Name	License No. <b>L0 -</b>	Inspection Date
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Inspection Findings (continued):

1. Scope of Operations: (Provide estimates where authorized and leave blank when not.)  
 Diagnostic Studies: /mo, Cardiac: /mo, Xenon: /mo, PET: /mo, In vitro: /mo,  
 Unsealed Therapy: /yr, Brachytherapy: /yr, Cesium Vault ☐, RCB: /yr, IVB: /mo,  
 Teletherapy: /mo, GammaKnife: /mo, Kits Prepared /mo, Mo/Tc generator ☐,  
 # of Imaging Staff: , Contract Services:
2. Significant Program Changes:
3. General Information (persons present & activities on-going during visit)
4. Radiation Safety Officer & Radiation Safety Committee (who, duties, when meet)  
 , RSO  
 Temporary RSOs permitted for 60 days/yr. [§289.256(g)(3)] List names, dates and qualifications.  
 Name: Qualified by rule? Yes ☐ No ☐ Dates of Service:  
 Name: Qualified by rule? Yes ☐ No ☐ Dates of Service:  
 RSC is required & has a satisfactory representation. [§289.256(i)(1)&(2)] Yes ☐ No ☐ N/A ☐  
 RSC meeting dates [§289.256(i)(3)] if less than 3/yr:
5. Document Posting (check, if available or posted)  

<input type="checkbox"/> Texas Regulations [§289.203(b)(1)(A)] Media Format: <input type="checkbox"/> RAM License [§289.203(b)(1)(B)] Amend # <input type="checkbox"/> Referenced Documents [§289.203(b)(1)(B)]	<input type="checkbox"/> Operating Procedures [§289.203(b)(1)(C)] Date: <input type="checkbox"/> Notice of violations [§289.203(b)(1)(D)] <input type="checkbox"/> Notice to Employees [§289.203(b)(3)]
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 Each of the above documents and/or Notice-of-availability Properly Posted? Yes ☐ No ☐  
 [§289.203(b)(4) & (b)(2)] Identify missing postings, if cited:
6. Location of Records: Format/Accuracy/Longevity [§289.201(d)] Location/Site [202(l)(5)] Units [202(l)(1)]
7. Inspection History  
 Date of last inspection \_\_\_\_\_ Initial Inspection ☐ Date of first use \_\_\_\_\_  
 Number of violations \_\_\_\_\_ Have previous violations been properly corrected? Yes ☐ No ☐  
 List violations that were not corrected & licensee/registrant's explanation for non-correction:

Comments:

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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
TRAINING AND PERSONNEL MONITORING

Licensee Name	License No. <b>L0 -</b>	Inspection Date
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Inspection Findings (continued):

I. Personnel/Training/Auditing

A. Radiation Workers & Qualifications (all radiation workers & satisfying credentials, and dates if a problem)

Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:  
 Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:  
 Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:  
 Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:  
 Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:  
 Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:  
 Name ; MRT ☐ ; NMTCB ☐ ; ARRT- N ☐ R ☐ ; Other:

B. Training Records (details/dates of approved in-house cross-training program for technologists)

C. Physician & physicists listed in records who have been allowed to practice during period (esp. temps)

D. Program Audits (Licensee verification of safety tasks, intervals, testing, security, protection, ALARA)

1. Audit frequencies indicated by records (list dates if failing to meet self-imposed commitments):

2. Auditors (names of individuals performing & signing audit records): Consultant-

3. Regular Authorized User (AU) Supervision: Describe typical frequency, (e.g., daily, weekly, monthly)

4. RPP document & RPP annual audit records maintained at this site? [202(l)(5)] Yes ☐ No ☐  
 [§289.202(e)(3) & (mm)(1)(B)]: RPP audit dates:

II. Incidents (describe any that have occurred) [§289.202(ww),(xx),(yy) & §289.256(ee) & Lic. Cond.]

A. Reports to Agency (identify type of event, date of report, etc.): n/a ☐ per

B. Reports to Employees [§289.202(aaa) & 289.203(d)] (identify type of event, date of report, etc.) n/a ☐

Comments:

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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
PERSONNEL MONITORING

Licensee Name	License No. <b>L0 -</b>	Inspection Date
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Inspection Findings (continued):

I. Personnel Monitoring Records reviewed for \_\_\_\_\_ through \_\_\_\_\_

A. Are records documenting compliance with public dose limits adequate & maintained at this site? [202(II)(5)]

Yes ☐ No ☐ [§289.202(n), (o), & (ss)]; Date of last evaluation: Still relevant? Yes ☐ No ☐

Survey of unrestricted areas performed? Yes ☐ No ☐ Area Monitor(s) in use Yes ☐ No ☐

B. Are annual TRC Form 202-3 (or equivalent) maintained at this site? [§289.202(rr)] Yes ☐ No ☐ n/a ☐

Prepared on-or-before April 30<sup>th</sup> and includes all required information? Yes ☐ No ☐ n/a ☐

C. Supplier: \_\_\_\_\_ Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

D. For Occupational Workers likely to exceed 10 % of the limits:

Badge Location	# Monitored	Proper Monitoring Provided?		Max Exposures	Avg Exposure
ADULT W.B.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	mrem	mrem
Extremity		Yes <input type="checkbox"/>	No <input type="checkbox"/>	mrem	mrem
Lens/Eye		Yes <input type="checkbox"/>	No <input type="checkbox"/>	mrem	mrem
MINOR (<18)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	mrem	mrem
EMBRYO-FETUS		Yes <input type="checkbox"/>	No <input type="checkbox"/>	mrem	mrem

Any "declared pregnant" workers? Yes ☐ No ☐

E. If using Pocket Dosimeters, describe use and calibration method: n/a ☐,

F. Where are control badges kept and how are they used? Is use appropriate? Yes ☐ No ☐

G. Describe the method of providing notices (to Agency and employee) for:

1. Terminations [§289.203(d)(3)] n/a ☐:

2. Overexposures [§289.203(d)(4)] n/a ☐:

H. Overexposures:

Name	DOB	Exposure	Year	Date Reported to the Agency
		mrem		
		mrem		
		mrem		

☐ Check if list continued elsewhere in this report

Comments:

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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
RADIATION SURVEYS

Licensee Name	License No. <b>L0 -</b>	Inspection Date
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Inspection Findings (continued):

Survey records maintained at this site? [202(II)(5)] Yes ☐ No ☐

I. Use and Storage Area Surveys [§289.202(p)(1), procedures]: Detail instrument used, frequency, who performs, # of locations, recorded units and adequacy of record. (Consider: stress lab, cath lab & therapy loading area.)

II. Shipping Container Procedures [§289.257(e), 289.201(d)]: Describe procedure/surveys, DOT labeling, instrument used, and who performs. (Transfer records required.)

III. Surveys of Temporary Use-Sites & Closed-out Facilities [§289.202(p)(1) & (eee), procedures]: Describe locations, remote injection log status, & content. (Perform survey of recently used remote stress lab & record.)

IV. Area Wipe Surveys [§289.202(p)(1), procedures]: Equipment efficiency reported to be: %  
Describe instruments used, frequency/time of day, who performs, recorded units and adequacy of records.

V. Package Receipt Procedures [§289.202(ee)] and Surveys [§289.202(nn)]: (Describe units recorded, instrument used and verify its annual calibration) Are wipes performed timely and documented? Yes ☐ No ☐

VI. Instrument Calibration [§289.202(p)(2),(3)]

A. Method (or service company) and calibration frequency, including analytical instrument.

B. Instruments available and used for surveys: (list rate meter, scalars, area monitors, wipe test counters)

Make & Model	Serial Number	Detector Type	Calibration Date(s)	Loaner
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

☐ Check here if list is continued elsewhere in the report.

VII. Dose Calibrator Tests [§289.256(q) & procedures] and Activity Assays (direct measurements):

[§289.256(u)] Radiopharmaceutical syringe or vial and their shields labeled? Yes ☐ No ☐

Direct measurements made?[§289.256(r)] Yes ☐ No ☐ If no, activity calculated? Yes ☐ No ☐ N/A ☐

Details of Dose Calibrator Testing (mm/dd/yy):				Daily Constancy Testing: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Mfg. & Model	S/N	Tester's Name	Accuracy Dates	Linearity Dates	Geometry

Comments:

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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
RADIATION SOURCE CONTROLS

Licensee Name	License No. <b>L0 -</b>	Inspection Date
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Inspection Findings (continued)

I. Radiation Source Inventory (Perform inspector inventory and attach Agency form.)

§289.256(s)(5): Six month inventory of calibration sources.

Yes ☐ No ☐ n/a ☐

§289.256(t)(2): Six month inventory of brachytherapy sources.

Yes ☐ No ☐ n/a ☐

[License Cond.] SSDR sheet for all sealed sources not identified by Model or Serial No.

Yes ☐ No ☐ n/a ☐

History of therapy sources NOT inventoried:

II. Source Receipt/Transfer/Disposal records maintained at this site/accurate/factual?

Yes ☐ No ☐

§289.201(d)(1) [202(l)(5)]:

III. Radiation Utilization Records [license condition]: (Describe records of use, including AU identification.)

IV. Written Directives Maintained (3yrs) and Complete? [§289.256(c)(33)& (p)]

Yes ☐ No ☐ n/a ☐

V. Transmission Source Installations by camera manufacturer. (Verify reciprocity license of installer.) N/A ☐

VI. Radioactive Waste Disposal [§289.202(ff)-(kk)] (Describe waste handling procedures, controls, records)

A. Internal procedures, controls, systems, records for decay-in-storage. [§289.256(x) & procedures]

B. Waste Processor Service [waste manifests-§289.202(jj); §289.257(s)(5); §289.201(d)]

N/A ☐

C. Discharge by release into sanitary sewerage. [§289.202(gg) & (tt)]

N/A ☐

D. Exemption of specific wastes [§289.202(fff)] (H-3, C-14 or I-125 & 300 day T1/2)

N/A ☐

VII. Leak Tests of Sealed, Plated Radioactive Material Sources

A. Procedures and frequency. [§289.201(g)(1)]

B. Was interval exceeded? Yes ☐ No ☐ If yes, were these sources used? Yes ☐ No ☐

C. Records maintained at this site? [§289.201(g)(3)-(4)] [202(l)(5)](who analyzes, are units appropriate)

D. If found leaking, was it reported? [§289.201(g)(6)-(7)] Yes ☐ No ☐ N/A ☐

Comments:

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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
INSPECTOR FACILITY AND EQUIPMENT INSPECTION

Licensee Name	License No. <b>L0 -</b>	Inspection Date
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Inspection Findings (continued):

I. Agency-approved drawings. (Record date(s) and remark on accuracy, or provide labeled sketch.)(256(m)(2)(E))

II. Area Posting and Controls (Describe location of posting and manner of security/control)

- A. Radiation Areas [§289.202(aa)(1); 202(y)] Yes ☐ No ☐ N/A ☐
- B. High Radiation Areas [§289.202(aa)(2); 202(y)] Yes ☐ No ☐ N/A ☐
- C. Very High Radiation Areas [§289.202(aa)(5); 202(y)] Yes ☐ No ☐ N/A ☐
- D. Radioactive Material(s) (Use/Storage Areas) [§289.202(aa)(5); 202(y)] Yes ☐ No ☐

III. Container Security [§289.202(y)] & Labeling [§289.202(cc)] (Describe security, labels used)

- A. Therapy Devices (HDR's, IVB, gamma knife, teletherapy, eye applicator) N/A ☐
- B. Storage Containers [§289.202(cc)] (watch label exemptions- §289.202(dd)) Yes ☐ No ☐
- C. Transport Containers (DOT or internal transfers between storage and use) Yes ☐ No ☐
- D. Sealed Sources and others:

IV. Emergency Equipment/Supplies

Decontamination Kit: Yes ☐ No ☐; Associated w/ Therapy:

V. Identify Operations/Activities:

- A. Fixed Restricted Use Locations (Room designations)
- B. Xenon Gas Operations (Verify commitments for testing, annual flow rates, & negative pressure check)  
Is negative-pressure confirmed and filter testing documented? Yes ☐ No ☐ n/a ☐
- C. Remote Locations:

Comments:

SUR  
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TEXAS DEPARTMENT OF HEALTH  
Bureau of Radiation Control  
INSPECTOR SURVEY RECORD

Licensee Name	License No. <b>L0 -</b>	Inspection Date
Inspection Findings (continued): <b>***Be sure to complete the MED-8 form if therapy is performed***</b> <b>INSPECTOR RADIATION SURVEY RESULTS</b> Instrument Mfg.: _____ Serial No.: _____ Calibration Date: _____ Survey of: _____ Surveyor: _____		
Sketch and Survey Results (If unable to include a sketch below, provide narrative of facility & survey results):		
BKGD for GM	mR/hr ; BKGD for Scintillator (if used)	cpm, 1x1 <input type="checkbox"/> thin-crystal <input type="checkbox"/>

*[Radiopharmaceutical and therapeutic source storage (hot lab & "safe") and all use areas (injection chair, stress rooms, treadmill, imaging rooms and associated cath lab) should be surveyed to evaluate shielding and security. Also survey normal trash containers for the presence of discarded contaminated-articles.]*



L-INV  
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Texas Department of Health  
Bureau of Radiation Control  
Inventory

Licensee:

License No.: **L0** -

Inspection Date:

[illegible]

Comments:

Texas Department of Health  
Bureau of Radiation Control  
**Compliance Activity Data Form**

**Permit Data:**

Permit Type and Number	Site Number	<b>URGENT - ROUTE TO:</b>
<b>L0</b>		
Activity City	Prime Use Code	
Name		

**Activity Data:**

Activity Code	Category Code	Inspection Use Code	Activity Date			
	<b>01 Medical (Other)</b>					
Inspector Name	Type Inspection					
Preparatory	Travel	Waiting	Activity	Report	Total	Cost
<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>\$ 0.00</b>

Inspector Comments

Low Level Waste\*: Record Volume in cubic feet (ft<sup>3</sup>), [55 gallon drum = 7.35 ft<sup>3</sup>].

Volume Generated/Year	Principle isotopes, form, and approximate activities of each
Volume in Storage	Principle isotopes, form, and approximate activities of each

\* Do not record waste that can be held for decay and disposed of in a landfill.

**Review Data:**

Inspection Status <small>Press F4</small>	Next Due Date (required if "Special" inspection status is selected)

	Code	Count	S L		Code	Count	S L		Code	Count	S L		Code	Count	S L
1 <sup>st</sup>															
5 <sup>th</sup>															
9 <sup>th</sup>															

Reviewer Comments

Reviewer	Date Reviewed	Data Entry	Date Entered